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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	<b>Attorney Docket Number</b>	B-18
	<b>First Named Inventor</b>	Sisodia, Rajendra
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/
	<b>Filing Date</b>	
	<b>Group Art Unit</b>	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	<b>OR</b>	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
	<b>Examiner Name</b>	

As a below named inventor, I hereby declare that.

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Interactive Communications System Coupled to Portable Computing Devices  
Using Short Range Communications

the specification of which (Title of the Invention)

☒ is attached hereto  
**OR**  
☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
Serial No. 60/218,374	July 13, 2000

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

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**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number

021253

OR

☐ Registered practitioner(s) name/registration number listed belowPlace Customer  
Number Bar Code  
Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.Direct all correspondence to: ☒ Customer Number or Bar Code Label

021253

OR

☐ Correspondence address below

Name	Charles G. Call				
Address	Patent Attorney				
Address	53 Saint Stephen Street				
City	Boston	State	MA	ZIP	02115
Country	U.S.A.	Telephone	(617) 266-2925	Fax	(508) 629-6540

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle, if any)		Family Name or Surname					
Rajendra		Sisodia					
Inventor's Signature	<i>Rajendra Sisodia</i>		Date	7/11/01			
Residence: City	Lexington	State	MA	Country	U.S.A.	Citizenship	India
Post Office Address	150 East Emerson Road						
Post Office Address							
City	Lexington	State	MA	ZIP	02420	Country	U.S.A.

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 4			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Rohit				Arora			
Inventor's Signature		Rohit Arora		Date		7/12/01	
Residence: City		Sudbury		State		MA	
		Country		U.S.A.		Citizenship	
		U.S.A.					
Post Office Address				104 Maynard Road			
Post Office Address							
City		Sudbury		State		MA	
		ZIP		01776		Country	
		U.S.A.					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Vinit				Nijhawan			
Inventor's Signature				Date			
Residence: City		Cambridge		State		MA	
		Country		U.S.A.		Citizenship	
		India					
Post Office Address				2 Gould Road			
Post Office Address							
City		Lexington		State		MA	
		ZIP		02420		Country	
		U.S.A.					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dipinder				Singh			
Inventor's Signature		Dipinder Singh		Date		7/11/01	
Residence: City		Lexington		State		MA	
		Country		U.S.A.		Citizenship	
		U.S.A.					
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Post Office Address							
City		Cambridge		State		MA	
		ZIP		02138		Country	
		U.S.A.					

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**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 3 of 4

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
David		Moschella	
Inventor's Signature	Date		
Residence: City	Boston	State	MA
		Country	U.S.A.
Post Office Address	412 Columbus Avenue		
Post Office Address			
City	Boston	State	MA
		ZIP	01730
		Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Jawahar		Tembulkar	
Inventor's Signature	Date		
Residence: City	Bedford	State	MA
		Country	U.S.A.
Post Office Address	63 Dunster Road		
Post Office Address			
City	Bedford	State	MA
		ZIP	01730
		Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature	Date		
Residence: City		State	
		Country	
Post Office Address			
Post Office Address			
City		State	
		ZIP	
		Country	

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
David				Moschella			
Inventor's Signature	<i>David Moschella</i>					Date	July 11, 2001
Residence: City	Boston	State	MA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	412 Columbus Avenue						
Post Office Address							
City	Boston	State	MA	ZIP	02116	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	India
Post Office Address							
Post Office Address							
City		State		ZIP	02116	Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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